

NIGERIA

STRATEGIC FOCUS

Active Strategic Scale-up of Comprehensive HIV Services: The U.S. Centers for Disease Control and Prevention (CDC) Nigeria office was established in February 2001, providing technical leadership and assistance to the Federal Ministry of Health (MOH) and implementing partners to scale-up HIV testing and treatment, tuberculosis (TB) services, HIV services for general and key populations, along with supportive laboratory services, while mitigating the impact of HIV on affected families through the orphans and vulnerable children program.

Strengthening Laboratory Systems and Networks: CDC provides technical leadership and assistance to the Government of Nigeria and stakeholders for in-country capacity building while optimizing access to high-quality laboratory services for HIV, TB, and associated diseases and conditions. CDC also supports disease staging, treatment monitoring, and laboratory systems strengthening for efficient service delivery and high-impact program intervention.

Strengthening Public Health Systems: CDC assists the MOH in strengthening epidemiology, surveillance, laboratory systems, medical informatics, operations research, and workforce capacity. These areas of work are essential in a robust, sustainable public health system. In addition, CDC supports the National HIV Clinical Mentorship Program to build clinicians' capacity and ensure program sustainability.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Nigeria Antiretroviral Therapy (ART) Surge and Retention Revolution: CDC supports Nigeria in rapidly identifying people living with HIV (PLHIV) and ensuring they are linked to and sustained on treatment, thereby accelerating progress toward achieving and sustaining HIV epidemic control. About a quarter of a million people (245,042) began ART between April 2021 and March 31, 2022 (PEPFAR Nigeria, 2022). The program increased the number of PLHIV on CDC PEPFAR-supported treatment by 170,876 from April 2021 to March 2022. Additionally, the Retention Revolution Program has successfully reduced treatment interruptions across CDC-supported states from 8 percent in March 2020 to 1 percent by March 2022 by optimizing continuity of treatment through a series of adopted data-driven program improvement approaches. Since April 2021, the average weekly number of persons newly identified with HIV infection who initiated HIV treatment decreased by approximately 16 percent, from 6,000 to 4,600, as the country has reached treatment saturation with fewer PLHIV left to be identified and linked to treatment.

HIV Testing Services (HTS) and Antiretroviral Therapy (ART) Services: CDC supports implementing partners to provide targeted, high-quality, differentiated HIV testing, treatment, and other related services with increasing efficiency. Between April 2021 and March 2022, CDC and its partners provided HIV testing services to close to 7 million people in Nigeria, of which 247,139 were HIV positive and 245,042 were linked to treatment. As of March 31, 2022, PEPFAR Nigeria supported 1,827,105 patients receiving ART; CDC partners accounted for 63 percent (1,151,223) of this achievement. In addition, 418,513 orphans and vulnerable children received one or more services through CDC implementing partners at the end of March 2022 (PEPFAR Nigeria, 2022). CDC is implementing a Recent Infection Public Health Response Strategy to improve HIV case finding and break the chain of HIV transmission. CDC initiated HIV/TB/COVID-19 integration services to increase access and mitigate the impact of the COVID-19 pandemic on HIV/TB services.

Prevention of Mother-to-Child HIV Transmission (PMTCT): CDC worked with local stakeholders and partners to establish 1,044 sites offering PMTCT services. According to PEPFAR Nigeria data (April 2021 – March 2022), 1,136,852 pregnant women knew their HIV status in antenatal clinics. Of these, 21,267 women with HIV diagnosis received ART to reduce or prevent mother-to-child transmission. In addition, the 27,033 babies born to women with HIV diagnosis received early infant diagnosis within the first 12 months of life. (PEPFAR Nigeria, 2022).

TB and TB/HIV: CDC strengthens TB/HIV activities by providing technical guidance to four implementing partners. Between April 2021 and March 2022, CDC partners screened 1,098,655 (95%) HIV patients receiving ART for signs and symptoms of TB. Further, 12,957 (99%) TB patients knew their HIV status, and 99 percent of those co-infected with HIV started ART. Additionally, 217,172 PLHIV began TB preventive treatment (TPT), and 99 percent completed TPT (the highest among all PEPFAR countries). In addition, CDC implemented bi-directional screening and testing for TB and COVID-19 for patients and healthcare workers, supporting early detection of community-acquired and healthcare-associated TB.

Key Country Leadership

President:
Muhammadu Buhari

Minister of Health:
Osagie Ehanire

U.S. Ambassador:
Mary Beth Leonard

CDC/DGHT Director:
Adetunke (Mary) Boyd

Country Quick Facts
worldbank.org/en/where-we-work

Per Capita GNI:
\$2,100 (2021)

Population (millions):
211.4 (2021)

Under 5 Mortality:
113.8/1,000 live births
(2020)

Life Expectancy:
55 years (2020)

Global HIV/AIDS Epidemic
aidsinfo.unaids.org

Estimated HIV Prevalence
(Ages 15-49): 1.3% (2021)

Estimated AIDS Deaths
(Age ≥15): 33,000 (2021)

Estimated Orphans Due to
AIDS: 1,200,000 (2021)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
1,679,660 (2021)

**Global Tuberculosis
(TB) Epidemic**
[who.int/tb/country/data/
profiles/en](https://who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
219/100,000 population
(2020)

TB patients with known HIV
status who are HIV positive:
7.6% (2020)

TB Treatment Success Rate:
88% (2019)

DGHT Country Staff: 93
Locally Employed Staff: 84
Direct Hires: 7
Fellows & Contractors: 2

Our success is built on the backbone of science and strong partnerships.



September 2022 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

